

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **107049561** FILED DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	/					
8	/					
9	/					
10	①					
11	②					
12	③					
13	④					
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47		/				
48		/				
49		/				
50		/				
TOTAL IND.			/			
TOTAL DEP.			13			
TOTAL CLAIMS			14			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
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100			
TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			